

Miami-Dade Housing Agency

Quality Assurance & Compliance 1401 NW 7 Street • Miami, FL 33125

1401 NW 7 Street • Miami, FL 33125 305-644-5104 • Fax: 305-644-5345 www.miamidade.gov\housing



SECTION 3 BUSINESS APPLICATION

Thi	is Section 3 form is opti	onal and not required to	do busine:	Document 00200-1 ss with MDHA.
NA	ME OF BUSINESS:			
ΑD	DRESS OF BUSINEES			
TE	LEPHONE NUMBER:			FAX NUMBER:
PA	GER NUMBER:			CELLULAR NUMBER:
ΕM	IAIL ADDRESS:			
CO	NTACT PERSON:			TITLE:
1.	TYPE OF BUSINESS	(Check Applicable Status Corporation Sole Proprietorship	Pa	artnership int Venture
	Ethnicity:	Gender:	Fede	eral Employer Identification Number
2.	CHECK AND ATTACH			
	showing firm is curren of cancelled check.	ent from Secretary of State It with annual fees or prov olders and ownership per al License	ide copy	 □ Partnership or Joint Venture Agreement □ Sole Owner (If Applicable) □ Miami-Dade Vendor's License □ Scope of Services (Required)
СН	ECK WHERE APPLICA	ABLE		
	Section 3 resident(s) Preference Claim For	in 51% or more owne	r ship pos r each Se	Section 3 resident(s). Indicate name and address of each sition, complete Document 00401 , "Section 3 Resident ction 3 resident, and evidence of status. The form includes
	employees. Submit the			nt workforce includes at least 30% Section 3 residents as cation, only if Box no. 4 is checked, for each S-3 full-time
	B. Documen C. Documen		ident Prei ident or E	Ference Claim Form" Imployee Household Income Certification Form" (only stance program is not attached).

• *Reference Material Only: (Do Not Submit)

information.

D. Document 00406-1, Contractor or Subcontractor Payroll Report Form"

Complete for each F/T employee who has been employed at least one month.

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E. Document 00406-2 "Sample Payroll Report" Form is an example of how to document payroll

SUBCONTRACTING FIRMS WHO ARE COMPLETING THIS APPLICATION.	
■ 5. Firm will contract (where applicable) in excess of 25 % of the total amount of sull owned businesses (public housing funded awards only), or to Miami-Dade S-3 I funded awards), able to substantiate a S-3 business claim. In order to be eligible to the S-3 business applicant must attach "Section 3 Letter of Intent" (form(s) as evidence to said subcontracting firm(s) with bid or proposal.	businesses (non-public housing claim a contracting preference.
SECTION 3 RESIDENTS WHO ARE NOT CURRENTLY LOW OR VERY-LOW INC LOW INCOME PERSONS, MAY BE INCLUDED (INCLUDE PROOF OF INCOME A AS THE DATE OF FIRST EMPLOYMENT WITH THE BUSINESS HAS NOT EXCE YEARS.	AT TIME OF HIRE), AS LONG
I certify to the best of my knowledge that the information contained here within, an true and correct.	nd the documents attached, is
CORPORATE SEAL	
PRINT NAME:	
SIGNATURE:	_ DATE:
TITLE:	_
FOR OFFICE USE ONLY:	
Date Received:	
Initial Application Reviewed by:	
Final Application Reviewed by:	

NO. 5, BELOW, IS ONLY APPLICABLE TO PRIME CONTRACTORS, AND SHOULD NOT BE CHECKED BY ANY

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TITLE:

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SECTION 3 BUSINESS EMPLOYEE LIST

COMPANY NAME:					Docun	nent 00452
ADDRESS:						
TELEPHONE NUMBER:						
Instructions: Using the example liste company. Attach proof of program Miami-Dade public housing (PH), S OF THIS FORM WHERE NECESSAR	participation for Section 3 (Section 8 (S-8) or other federa	Sec. 3) employe al assistance (f	es who c	laim they a	are partici	pants in a
Employee Name	Address	Category of Work	Date of Hire	FT or PT	Sec. 3*	PH, S-8, or FA
Jane Doe	1234 Anywhere Lane Miami, FL 33125	Electrician	12/31/00	F/T	*	
Legend: FT = Full Time I PH = Public Hous		ection 3 Resid al Assistance		 3 = Section Participan		 ent
TOTAL NUMBER OF EMPLOYEES	:					
SIGNATURE:			I	DATE:		

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CERTIFICATION FOR SECTION 2 RESIDENT

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SECTION 3 RESIDENT PREFERENCE CLAIM FORM

Document 00401

A Section 3 resident seeking the preference in training and employment as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor or subcontractor, and <u>submit evidence showing they meet the criteria of a Section 3 resident</u>, (i.e. proof of receipt of public assistance or residency in a United States Department of Housing and Urban Development (USHUD) or other federally-assisted housing program, e.g., Public Housing, Section 8, Section 202, etc.)

MIAMI-DADE 2003 INCOME LIMITS

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
*Very Low Income (50%)	\$16,850	\$19,300	\$21,700	\$24,100	\$26,050	\$27,950	\$29,900	\$31,800
** Low-Income (80%)	\$27,000	\$30,850	\$34,700	\$38,550	\$41,650	\$44,750	\$47,800	\$50,900

CE	RIFICATION FOR SECTION 3 RESIDENT		
Ι, _		, am a legal resident of the U.S.A.	
	(Your Name)		
M	SOCIAL SECURITY NUMBER is		
M	r RACE/ETHNICITY is ptional: For statistical purposes only)	·	
(O	ptional: For statistical purposes only)		
M١	PERMANENT ADDRESS is		
(In	clude City, Street, Zip Code)		
l h	ave attached <u>one</u> of the following documents as prod	of of my status:	
	1. Proof of residency (lease in a USHUD or other for	ederally assisted program).	
	2. Proof of public assistance, e.g., Temporary Assis	stance to Needy Families (TANF) reci	pients, etc.
	3. Proof of participation in a HUD YOUTHBUILD pr	rogram.	
	4. Proof of participation in a federally assisted prog	gram such as Job Training Partnership	Act (JTPA), etc.
	5. Proof of participation in a state or local assistant persons.	ce program, or other program that assi	ists low- or very-low income
<u>0</u>	ILY PROVIDE FOLLOWING IF ONE OF THE ABO	VE IS NOT APPLICABLE:	
	6. Use Document 00402, "Section 3 Employee Ho income if no other documents are attached.	ousehold Income Certification Form"	to show employee household
PR	RINT NAME:		
SIG	GNATURE:	Г)ATF

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SECTION 3 RESIDENT OR EMPLOYEE HOUSEHOLD INCOME **CERTIFICATION FORM**

Document 00402							
Any individual who a federally assist gross annual hou household income assistance, child s	ted housing prog sehold income, a e earned by house	gram, or not a reand provide the whold members, e	ecipient public and date excluding childre	assistance prog of birth of each n under 18, and/o	ram shall attest to household member or provided through	their total current er. <u>All additional</u>	
,, (Individual's Full Name) DO SOLEMNLY SWEAR THAT THE NFORMATION I HAVE PROVIDED BELOW IS TRUE.							
Number of family	members who l	ive in my house	hold:	.			
My total current	gross annual hou	usehold income	is:	.			
The source(s) of n	ny total <u>annual</u> ho	busehold income	is/are:				
	Head of Household	Spouse (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	
Gross Earnings							
TANF							
Child Support							
Other Income (list)							
2.							
3.							
4.							
5.							
PRINT NAME:					— DATE:		

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EMPLOYEE

NAME

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SECTION 3 CONTRACTOR OR SUBCONTRACTOR PAYROLL REPORT

Document 00406-1

GROSS PAY

PER WEEK

*SECTION 3 PERMANENT, FULL-TIME EMPLOYEES ONLY

SOCIAL SECURITY #

HOURLY

RATE

HOURS PER

WEEK

Submit documentation for each current public housing or other Section 3 employee <u>for four weeks or one month, immediately preceding Invitation to Bid notice, or application date, whichever is more recent.</u>

TIME

PERIOD

C	OMPANY NAME:				
	RINT NAME:				
Α	UTHORIZED COMPANY TITLE	i:			
S	IGNATURE:			_ DATE:	

* Miami Dade Housing Agency may request the contractor or subcontractor to produce copies of their firm's actual payroll records to substantiate any information included on this form.

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SECTION 3 CONTRACTOR OR SUBCONTRACTOR PAYROLL REPORT

Document 00406-2

SAMPLE

*SECTION 3 PERMANENT, FULL-TIME EMPLOYEES ONLY

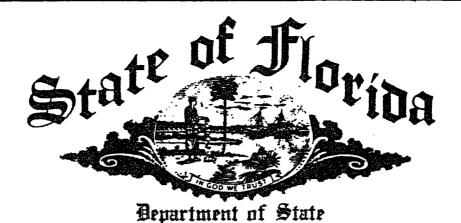
Submit documentation for each current public housing or other Section 3 employee <u>for four weeks or one month, immediately preceding Invitation to Bid notice, or application date, whichever is more recent.</u>

EMPLOYEE NAME	TIME PERIOD	SOCIAL SECURITY #	HOURLY RATE	HOURS PER WEEK	GROSS PAY PER WEEK
Jane Doe	2/27-3/05/03	123-45-6789	5.75	40	\$230
Jane Doe	3/06-3/12/03	123-45-6789	5.75	40	\$230
Jane Doe	3/13-3/16/03	123-45-6789	5.75	40	\$230
Jane Doe	3/20-3/26/03	123-45-6789	5.75	40	\$230

COMPANY NAME:					
PRINT NAME:					
AUTHORIZED COMPANY TITLE:					
SIGNATURE:	DATE:				

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^{*} Miami Dade Housing Agency may request the contractor or subcontractor to produce copies of their firm's actual payroll records to substantiate any information included on this form.



I certify from the records of this office that PAINTING & CLEANING SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on July 26, 2000.

The document number of this corporation is P000000

I further certify that said corporation has paid all fees due this office through December 31, 2003, that its most recent annual report/uniform business report was filed on January 9, 2003, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



CR2EO22 (1-03)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Fifteenth day of January, 2003

> Ken Petzner Secretary of State



January 15, 2003

SUBJECT:

PROFESSIONAL PAINTING & CLEANING

SERVICES, INC.

DOCUMENT NUMBER: P000000

In compliance with the request on your 2003 Annual Report/Uniform Business Report, the certificate of status for the subject corporation is enclosed.

Should you have any questions regarding this matter, please telephone (850) 488-9000.

Division of Corporations



Dear Miami-Dade Housing Agency Section 3 Business Applicant:

Re: Scope of Services (Purpose and Content)

Miami-Dade Housing Agency's (MDHA) Office of Compliance requires each Section 3 business applicant to complete a "Scope of Services" for its firm as part of the business application process. MDHA uses this information to ensure each business is placed in the appropriate business category on our Section 3 (S-3) business lists. These lists are provided to MDHA contractors and developers, and to other municipalities, including the Cities of Miami, Hialeah and Miami Beach. MDHA also provides scope of services information to organizations and contractors to increase the chances for a S-3 business to be awarded MDHA and non-MDHA work.

We recommend including the following items under your firm's Scope of Service:

- 1. Business name, address, phone and fax numbers and e-mail address
- 2. Business contact person's name, phone number and e-mail address
- 3. Business start date
- 4. Licenses
- 5. Description of services (preferably in bullet form)
- 6. Previous experience in performing work for the County or other entities
- 7. Size of previous awards or contracts (provide range)
- 8. Insurance capacity and bonding capacity (if applicable)
- 9. Minority and gender of firm's owner (if applicable)

Thank you for your cooperation. If you have any questions, please call Margaret Hall at (305) 644-5104 or mhall@miamidade.gov or Raschelle Freeman at 305-644-5345 or ffreema@miamidade.gov.

Sincerely,

Hobbit Forrest

Administrative Officer 3

QUALITY ASSURANCE AND COMPLIANCE 1401 N.W. 7th Street RKH Building Miami, FL 33125 (305) 644-5143 Fax (305) 643-1773

Quality Assurance Section 1401 N.W. 7th Street Building A Miami, FL 33125 (305) 644-5223 Fax (305) 644-5225

www.miamidade.gov/housing





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SECTION 3 BUSINESS CERTIFICATION DEFINITIONS & GUIDELINES

The following two pages include Section 3 definitions and guidelines a Miami Dade Housing Agency (MDHA) Section 3 (S-3) certified business needs to adhere to when seeking to recruit and fill new or vacant positions. The guidelines are presented in a checklist format in order to familiarize the S-3 business with the criteria MDHA staff will use to evaluate the S-3 business's training and employment recruitment and selection procedures.

The term "new hires," is defined by the United States Department of Housing and Urban Development (USHUD) as follows:

New hires means full-time employees for permanent, temporary or seasonal employment opportunities and include, but are not necessarily limited to, all management, maintenance, clerical and administrative jobs arising in connection with the development(s) stipulated in the contract award.

The term "Section 3 resident" is defined by USHUD as follows:

A **Section 3 resident** is an individual who lives in Miami-Dade County and (a) is a resident of public housing; **or** (b) is a resident of another federally assisted housing program (Section 8, Section 202, etc.); **or** is a current recipient or participant in a public assistance program (Temporary Assistance to Needy Families, Job Training Partnership Act, etc.); **or** (c) whose family household income meets the definition of a low-or very-low income family (see Miami-Dade low and very low Income limits).

MIAMI-DADE 2003 INCOME LIMITS

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** Low-Income (80%)	\$27,000	\$30,850	\$34,700	\$38,550	\$41,650	\$44,750	\$47,800	\$50,900

SECTION 3 RESIDENT PRIORITY ORDER FOR TRAINING AND EMPLOYMENT OPPORTUNITIES

Category 1	Public housing residents from MDHA public housing developments;
Category 2	Participants in HUD Youthbuild programs currently operating in Miami-Dade County. For more information, contact YWCA of Greater Miami, Inc. at 305-377-9922, or Fax 305-373-9922;
Category 3	Recipients of federal government housing assistance programs, such as Section 8, Section 202, HOME, etc.
Category 4	Participants in a federally funded job training program, such as Job Training Partnership Act, etc.; or
Category 5	Other individuals who reside in Miami-Dade County, and meet the definition of a low, or very low-income person, as defined, in the current Miami-Dade Income limits.

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SECTION 3 BUSINESS CHECKLIST

	Contractor consistently solicited to Section 3, minorities and women when seeking to fill training and employment positions.
	Contractor trained and employed <u>qualified Section 3 residents</u> to the greatest extent feasible, not less than 30% o the total number of new hires, but no less than one, whichever is greater, within their labor force during the review term, in the priority order indicated above under " <u>Section 3 Resident Priority Order for Training and Employment Opportunities."</u>
	Contractor undertook efforts to hire Section 3 public housing, Section 8, and other Section 3 residents (where vacan or new positions exist in connection with all job openings), in part-time positions, for permanent, temporary, o seasonal employment.
	Contractor used the Section 3 language included under Document 00404 , "Section 3 Language for Newspape Ads, Flyers and Job Notices" in all newspaper ads, notices, announcements and flyers. Notices were placed a sites where work took place and in the surrounding community.
	Contractor contacted Margaret Hall, MDHA, at 305-644-5104, for public housing, Section 8, Home Investment Partnership (HOME), other housing program recipients, and other low-income employment referrals.
	When there is a need for new hires, contractor used Document 00405 , "Section 3 Employment/Availability Request" form when requesting MDHA training and employment referrals.
	Contractor contacted the YWCA of Greater Miami, Inc., at 305-377-9922 or fax 305-373-9922 for HUD Youthbuild employment referrals.
	Contractor scheduled a time and place convenient for public housing, Section 8 and other Section 3 residents minorities and women to complete job applications.
	Contractor solicited to minorities and women when filling vacant or new full-time or part-time positions generated each time a vacant position is filled in contractor's firm.
	Contractor explained to <u>all</u> job applicants how to claim a Section 3 preference and showed them the Miami-Dade income chart, included under Document 00401 , "Section 3 Resident Preference Claim" form.
	Contractor provided applicants who wanted to pursue the Section 3 preference claim with copies of Document 0040 and Document 00402 , "Household Income Verification" form to complete. Note: Applicants who provide proof of participation in public housing, Section 8 or another federal assistance program need not submit <u>Document 0040</u> (public housing residents should receive the highest priority ranking when employer applies the applicant preference).
	Contractor documented solicitation efforts to MDHA and other organizations on <i>Document 00403</i> , "Training and Employment Outreach Documentation Form."
	Contractor retained documentation of its training, employment, recruitment and selection process each time a new position was filled.
PR	INT NAME:
014	CNATURE OF REVIEWER.

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